SKILL GAMES MONTHLY REPORT INSTRUCTION GUIDE

This report should be completed and turned in by the distributor no later than the 20th of the succeeding month. This report should capture information from the previous month (ex. Report of the month of: June, Year: 2020).

DISTRIBUTOR INFORMATION SECTION:

This section will be used to capture the information for the distribution company that has distributed the skill game machines in the Commonwealth.

BOX 1 (DISTRIBUTOR COMPANY NAME):

Instructions: In this box, place the full distribution company or organization name (ex. Skill Games, Inc., Skill Games, LLC, etc.).

BOXES 2-5 (ADDRESS, CITY, STATE, ZIP CODE):

Instructions: In these boxes, place the full address to include city, state, and zip code for the distributor. This can be the company headquarters or a regional office located in the Commonwealth (ex. 1234 Main Street Richmond, VA 23220).

BOX 6 (PHONE NUMBER):

Instructions: In this box, put the contact number for the person who prepared the report (ex. 555-555-5555).

BOX 7 (REPORT PREPARED BY):

Instructions: In this box, put the first and last name of the person who prepared the report. (ex. Jane Doe, John Smith, etc.).

BOX 8 (REGISTRATION NUMBER):

Instructions: In this area, place the registration number designated and provided to the distributor from the Virginia ABC Authority.

TOTAL NUMBER OF SKILL GAMES DISTRBUTED BOX:

Instructions: In this box, place the total number skill game machines distributed by the distributor throughout the Commonwealth during that monthly reporting period.

DISTRIBUTOR RESPRESENTATIVE SIGNATURE AND DATE:

Instructions: In these areas, the distributor representative will provide his/her signature along with the date of that signature.

MONTHLY BREAKDOWN SECTION:

This section will capture the locations that the distributor has distributed skill game machines at in the Commonwealth as well as to total amounts wagered and awarded for each skill game machine.

ENTITY NAME (COMPANY NAME):

Instructions: In this area, place the full company name or organization that holds the ABC License or owns a truck stop and where the skill game machines have been distributed. NOTE: If the company is a truck stop that is not licensed by the Virginia ABC, this area will still be filled out with the truck stop's full company name (ex. Stop and Go, Inc., Stop and Go, LLC, etc.).

LABEL NUMBERS:

Instructions: In this area, place the individual label number from the label that has been placed on each skill game machine (ex. If a location has fifteen skill game machines, then there should be fifteen separate entries for that location, listing the label numbers in sequential order).

ABC LICENSE NUMBER:

Instructions: In this area, place the designated and provided license number to the establishment from the Virginia ABC Authority. If a truck stop is not licensed by the Virginia ABC, then put an N/A in this area (ex. #67890).

ESTABLISHMENT ADDRESS AND LOCATION:

Instructions: In this area, place the address to include the city, state, and zip code for the licensed establishment. (ex. 12345 Main Street Richmond, VA 23220).

CONTACT NAME:

Instructions: In this area, place the first and last name of the owner of the licensed establishment or truck stop. If there are multiple owners of the business, place the name of the owner who will be the primary representative for the establishment in matters pertaining to skill game machines. (ex. Jane Doe, John Smith, etc.).

PHONE NUMBER:

Instructions: In this area, place the best contact number for the owner of the licensed establishment or truck stop. (ex. 555-555-555).

MACHINE COUNT:

Instructions: In this area, place the total number of skill game machines that are currently distributed at the location.

TOTAL WAGERED:

Instructions: In this area, place the total amount of monies wagered for the individual skill game machines for that month.

TOTAL AWARDED:

Instructions: In this area, place the total amount monies awarded for the individual skill game machines for that month.